



# Hazardous Waste Compliance Monitoring and Enforcement Log

✓  
5-10-95

FORM  
A

## HANDLER

ID Number:

KSD007246846

LDF ( )

HWM ( )

TSF (X)

HWB ( )

GEN ( )

UOM ( )

KG ( )

UOB ( )

SQ ( )

NOT A GEN ( )

Handler Name: Hydrocarbon Recyclers, Inc.  
of Wichita

AT  
FT

CL  
RCRIS

5-9-95

Street: 2549 North New York City: Wichita County: Sedgwick

EVALUATION New ☒ Followup: Date (on site) ☐ ☐ ☐ Date (of letter) ☐ ☐ ☐ ☐ Delete ☐  
Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Agency ☐ ☐ Type ☐ ☐ ☐ ☐ Reason ☐ ☐ Person ☐ ☐ ☐ ☐ District ☐ ☐ ☐ ☐

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other							
GER	<input type="checkbox"/>	GPT	<input type="checkbox"/>	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DGW	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DPP	<input type="checkbox"/>	BRR	<input type="checkbox"/>
GGR	<input type="checkbox"/>	GRR	<input type="checkbox"/>	TMR	<input type="checkbox"/>	DCL	<input type="checkbox"/>	DIN	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DSI	<input type="checkbox"/>	CAS	<input type="checkbox"/>
GLB	<input type="checkbox"/>	GSC	<input type="checkbox"/>	TOR	<input type="checkbox"/>	DCP	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DTR	<input type="checkbox"/>	CSS	<input type="checkbox"/>
GMR	<input type="checkbox"/>	GSQ	<input type="checkbox"/>	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DOT	<input type="checkbox"/>	DTT	<input type="checkbox"/>	FEA	<input type="checkbox"/>
GOR	<input type="checkbox"/>			TWD	<input type="checkbox"/>	DGS	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DPB	<input type="checkbox"/>	DWP	<input type="checkbox"/>	ILD	<input type="checkbox"/>

Used Oil UOM ☐ ☐ UOB ☐ ☐ UTM ☐ ☐ SUM ☐ ☐ SUB ☐ ☐

COMMENTS In compliance with 40 CFR 264/265 Subpart H with  
respect to fin assure for closure cost

VIOLATION #		Date Determined		New		Change		Delete		Comments	
Agency	Number	Area	Class	Priority	Type						
<input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Regulation Citation:						Returned to Compliance					
Description:						Schedul					
						Actual					

VIOLATION #		Date Determined		New		Change		Delete		Comments	
Agency	Number	Area	Class	Priority	Type						
<input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Regulation Citation:						Returned to Compliance					
Description:						Schedul					
						Actual					

Facility Name:

